EXHIBIT 9-E

Contract No.:	
Grant Year:	
Project Name:	_

Allowable Soft Costs

8% - NC/TBRA/ACQ

10% - HB Assistance

12% - Rehab

HOME PROGRAM INCOME 2006 QUARTERLY REPORTING FORM

	1st	1st Quarter 2nd Quarter 3rd Quarter 4th Quarter					
	Set-up Report		Activity	OR (P)	Program	Program Income Disbursed	
Transaction	Grantee	IDIS	Receiving	(F) IAL	Income		
Date	Number	Number	Income	FINAL (F) OR PARTIAL (P)	Received	Soft Costs	Project Costs
		(Office use only)		FI			
TOTALS:					\$0	\$0	\$0
THIS QUARTER'S NET PROGRAM INCOME (Receipts minus disbursements):							
PREVIOUS QUARTER'S PROGRAM INCOME BALANCE:							
CUMULATIVE PROGRAM INCOME BALANCE:							
** Grantees m	ust attach Projec	ct Set-up/Com	pletion Reports for all Pi				\$0
Grantee Fiscal Officer:					Date:		
Claimee I Isom Cliffoli.				. Duic.			
HOME Program Staff:				Date:			